Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in JC 5-2-15-3.

Date:	12/11/2008	Address:	1425 W. Jefferson Apt, 1	
Case #:	<u>24-29869</u>		Plymouth, IN	
County:	<u>Marshall</u>			
Type of Laboratory Seizure (check one) Seizure		Scizure Location (Scizure Location (check all that apply)	
Operati Chemic Dumpsi	al/Glassware/Equipment (only)	Residence Outbuilding Vehicle	Hotel/Motel Open – No Structure Other;	
Items Found: Location (bedroom, kitchen, open air, ctc) (check all that apply)				
Yes 1 No *If yes, fax re	er age 18 discovered (check one) (number present) port to Child Protective Services	☐ Ephedrin ☐ Retail/M ☑ Other:_		
This report is to be faxed to the following agencies that serve the location:				
Health Dep	artment: Plymouth Fire Department artment: Marshall Co. setion Service: Marshall Co.	Fax: <u>574-9</u> Fax: <u>(574)</u> Fax: <u>936-6</u>	936-9247	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Jason Faulstich</u> Phone <u>1-800-552-2959</u>				

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

^{***} This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.